

NSN 7540-00-834-4176

## MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

20/12/01  
0750

S: c/o sore throat and diarrhea x 2 days. Has not eaten since yesterday. States he feels too sick to work.

O: W/O. Eyes: Eyes: clear, PM's intact. Nose: mucous pink. Lips: moist pink. Mouth: Erythema, Erythema. Neck: Supple 5 adenopathy. Chest: clear to auscultation. T-96.9

R: oral syndrome to diarrhea

P: CTM'S, 4mg #6, 1 tab po q 8" OX. Tylenol, 325mg. #12, 1 tab po q 4-6" prn, OX. (Meds already given.) Idle x 2 days.

- Pepto Bismol, 30 ccos 4 times TID and h.s. #1, OK. Pt. education: NO. hygiene, RFC as needed. Pt. understands. B. Jangle, NP

BONNIE SAYLOR, NP  
FCI MCKEAN

Reviewed by D. Olson, MD  
Date: 12/20/01

11/1/02  
1200

Ex inmate c/o bleeding on top of his left foot, states a vessel broke open. Shows pain.

@ N.A.O.

Lt. foot - inmate had ds + ace wrapped around foot + ankle also had tape around ankle which was constricting circulation to his foot (states he did this to stop bleeding) (cont) Glenn CRW

GLENN, FNP  
FCI MCKEAN  
FCI McKean

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

07928-178

Cherry, Darnge

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 800 (REV. 6-97)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 201-9.202-1

000030

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/1/02 1200 (cont)	<p>① Lt. foot - small pinpoint opening top of foot, foot cold to touch, purple. Pitting edema at lower leg above area where tape was used. (+) pulse, slow capillary refill, no bleeding at present time.</p> <p>② 1) Varicose veins &amp; bleeding                      2) ↓ circulation to venous insufficiency &amp; tight dsg</p> <p>③ 1) Educated inmate not to use any constrictive dsg                      2) Area cleansed, padding dsg and gauze wrap applied                      3) T/V H&amp;V 1/2/01                      4) Inmate educated on above &amp; agrees to plan</p> <p style="text-align: right;">J. GLENN, FNP                      FCI MCKEAN</p> <p style="text-align: center;">Reviewed by D. GLENN, MD                      Date: 1/2/02</p>
1-3-01 1515	<p>S: C/o dry skin; c/o edema in leg. Stated advised to be measured for TED stockings by RD</p> <p>O: NAD. Bil. extremities &amp; extremely dry, scaly skin. Abno. markings</p> <p>A: Dry skin; STAS edema bil. extremities.</p> <p>P: Eucerin Cream #1, applies to both extremities PAIN R/L, Fed Stockings thigh length, swim to pt. pt. abn. re: begin. R/LC as needed</p> <p>PT. understands.</p> <p style="text-align: right;">H. BEAM, MD                      FCI MCKEAN</p> <p style="text-align: right;">BONNIE SAYLOR, NP                      FCI MCKEAN</p> <p style="text-align: center;">1/3/02</p>

## Subjective Findings:

a. Medical complaints or concerns of patient:

b. Health Promotion/Disease Prevention Assessment:

1. Cessation of Smoking: *No*

2. Diet:

3. Activity: *see walking*

4. Medications:

(1) Drug Side Effects: *none*

(2) Drug Interactions:

5. Patient compliance With Therapeutic Regimen: *say OK*

c. Impact of Condition on Activities of Daily Living:

d. Need for special Accommodations:

## Objective Findings:

a. Temp

Pulse

*80*

Resp

*16*

BP

*120/70*

Weight

*219*b. Pt's General Appearance: *NAD*

c. Other Exam Findings:

*HEENT - O c/o**lung - clear Heart - RRR & A.S.**jumped up on exam table. 5  
mollers, every foot up on  
table is by down 5 mollers*AT N.I. IDENTIFICATION (Use this space for  
Mechanical Imprint)RECORDS  
MAINTAINED  
AT:

FBI MCKEAN HEALTH S

PATIENT'S NAME (Last, First, Middle Initial)

RELATIONSHIP TO SPONSOR

STATUS

RANK/GR

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT/SERVICE

SERIAL/IDENTIFICATION NO.

DATE OF

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev.  
Prescribed by GSA and  
FPMR (41 CFR) 201.45

000082

(Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
	d. Diagnostic Studies	Results	Date of Exam
		WNL	Abnormal
	Assessment:	WNL	Abnormal
	a. Diagnosis:	① HCV ② Periph. neuropathy ③ LBP	
	b. Disease Progression/Complications:	±	
	c. Attainment of Prior Therapeutic Goals:		
	d. Therapeutic Efficacy:		
	a. Medications:	① Hydralazine 400mg TID PRN H30 Rx3. ② Trazodone 400mg TID H30 Rx2 ③ Acetaminophen 500mg QD H30 Rx2 ④ EC ASA 325mg QD H30 Rx2	
	b. Therapeutic Goals for Next Clinic:		
	c. Next Diagnostic Studies Due:	none	
	d. Return to Clinic:	3 mos	
	e. Patient Education (Check topics discussed):		
	<input checked="" type="checkbox"/> Nature of Disease		
	<input type="checkbox"/> Disease Complications, Progression, and Prognosis		
	<input checked="" type="checkbox"/> Treatment Alternatives		
	<input checked="" type="checkbox"/> Diet		
	<input type="checkbox"/> Weight Loss	understands	
	<input checked="" type="checkbox"/> Smoking		
	<input checked="" type="checkbox"/> Exercise		
	<input type="checkbox"/> Medication mechanism of action, instructions, side effects, interactions.		
		D. OLSON, M.D.	

G00083

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
9/18/01 1050	S: JS has the results of Doppler. Also requesting Motrin Tylenol instead of Motrin. O: deferred P: Peripheral venous insuff → Counseling P: Results reviewed to pt Tylenol 500 mg #21 - 28 hr prn x 1 R Keflex - take med as directed. 1 week Cise → aspec. ambulation. KIC prn. PT understands	Gracia Fairbanks, PA
	Reviewed by D. Olson, MD Date: 9/18/01	Gracia Fairbanks, MLP

9/24/01 1430	Admin DHA Venous Doppler - DVT evidence suggesting previous thrombus or chronic change	
		D. Olson, MD Clinical Director

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			ECI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/CMR

FIRM (41 CFR) 201-9.202-1

Cherry, Darryl  
07928-078

000084





## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/14/01 0800	S: Requesting med. refill O: deferred a: (R) thigh pain - muscular p: Motrin 800 mg #21 - itid prn. Good x1 R Pt educ. Take med as directed. Rte prn Pt understands Reviewed by D. Olson, MD Date: 8/15/01 Gracia Fairbanks, MLP
8/21/01 0940	Adm note: Convalescence extended until 9/4/01 per AD Gracia Fairbanks, MLP
8/24/01 1400 WPA	Adm Note: Replaced his old wheelchair with a new one. Convalescence status renewed thru 8/31/01 per physicians advice of OK to sit in class for education. C.D. Menon, HSA Health Services Administrator

Gracia Fairbanks, MLP

C.D. Menon, HSA

C.D. Menon  
Health Services Administrator

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR  
FIMR (41 CFR) 201-9.202-1

000086

Cherry, Darryl  
07928-078

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/26/01 1230	<p>S: Pt arrived via w/c c/o (L) leg oozing</p> <p>O: Sm. blistered areas noted on lateral aspect of <del>foot</del> <sup>leg</sup> &amp; anterior ankle. Sm pinpoint opened area lateral (L) foot</p> <p>A: Chronic venous stasis ulcers (L) foot R/T PVD.</p> <p>P: Re-wrap foot &amp; ace. RTC in AM for eval. for poss. med. foot application. Pt verbalized understanding <u>Sandra L. Rimer, RN</u></p> <p>Reviewed by D. Olson, MD Date: 8/27/01</p>
08/29/01 0930	<p>S: Pt arrived via w/c for dsq. Δ, possible toenail clipping</p> <p>O: Sm. opened area 1cm round noted (L) lateral foot. Sm. Scattered blistered areas lat foot. Drainage noted.</p> <p>A: Chronic venous stasis (L) foot</p> <p>P: 4" Paste bandage applied to (L) leg/foot, covered &amp; ace wrap. Bilateral thickened toenails clipped. Pt ed walking / exercise to promote circulation, proper diet to ↑ healing. Pt stated understanding <u>Sandra L. Rimer, RN</u></p> <p>Reviewed by D. Olson, MD Date: 8/29/01</p>
9/1/3/01 0930	<p>Adm's Note</p> <p>Inmate was on transport to see opht in 2</p> <p>on 9/12/01</p> <p>In doppler studies</p> <p><u>D. Olson, MD</u> Clinical Director 000087</p>



## Subjective Findings:

8/2/01  
0830 C/O aches/pain front of D thigh to knee, some ↑ in walking

a. Medical complaints or concerns of patient:

b. Health Promotion/Disease Prevention Assessment:

1. Cessation of Smoking: NO

2. Diet: good

3. Activity: limited

4. Medications:

(1) Drug Side Effects: none

(2) Drug Interactions:

5. Patient compliance With Therapeutic Regimen: OK except walking

c. Impact of Condition on Activities of Daily Living: none

d. Need for special Accommodations:

## Objective Findings:

a. Temp / Pulse 80 Resp 16 BP 120/80 Weight 223

b. Pt's General Appearance: NAD

c. Other Exam Findings:

HEENT - Otitis  
Lung - clear Heart - RRR, S4  
Abd - 0 organs  
Ext - 0 edema, toes warm to touch, pulses & heat  
neg S/LR

PATIENT'S IDENTIFICATION (Use this space for  
chanical Imprint)

RECORDS  
MAINTAINED  
AT:

FBI/MCKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev. 10-65)  
Prescribed by GSA and I.C.  
FPMR (41 CFR) 201-45.50

000088.

00 (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
	d. Diagnostic Studies	Results	Date of Exam
		WHL	Abnormal
		JHL	Abnormal
	Assessment:		
	a. Diagnosis: ① PCV ② MLO.PVD ③ Rash		
	b. Disease Progression/Complications: #		
	c. Attainment of Prior Therapeutic Goals:		
	d. Therapeutic Efficacy:		
	Plans:		
	a. Medications: ① Cont. Treatment & ASA (see note 7/31/01) ② HCTZ 50mg QD H10RXP ③ Lidex Cream QD T tube		
	b. Therapeutic Goals for Next Clinic:		
	c. Next Diagnostic Studies Due: LFTs, creat, lipids, vascular studies		
	d. Return to Clinic: 3 mo		
	e. Patient Education (Check topics discussed):		
	<input checked="" type="checkbox"/> Nature of Disease		
	<input checked="" type="checkbox"/> Disease Complications, Progression, and Prognosis		
	<input checked="" type="checkbox"/> Treatment Alternatives		
	<input checked="" type="checkbox"/> Diet		
	<input type="checkbox"/> Weight Loss		
	<input checked="" type="checkbox"/> Smoking DC understands		
	<input checked="" type="checkbox"/> Exercise		
	<input type="checkbox"/> Medication mechanism of action, instructions, side effects, interactions.		
	tests explained		
	D. Olson, MD Clinical Director		

000089

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

7/16/01  
1300

S: Rt. referred lumbo sacral strain on top back. Skin WNL.

O: Alert W/O, no whitish A's (+) straight leg rising, no hypoflexion. Tenderness knee (R) area, no swelling, no tenderness in (R) calf area. Can flex/extend knee. (CD notified).

A: Lumbar Strain (R)

P: (1) Motrin 800 tid in food #21 R x 1

(2) No stretch. Lower back. Idle till 7/18/01, what's in given till that time. per CD.

(3) follow up in s/c if needed.

(4) Pt understands OK.

Patient Education  
+ Discharge  
+ Special Instruction  
C. Oyler, R.Ph. CMO

J. Gomez, M.D.

7/17/01  
0900

Admin Note

(See above note), LBP - R10 radiologically ruled out consult, X-ray L/S spine

D. Olson, MD  
Clinical Director

HOSPITAL OR MEDICAL FACILITY

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DEPART./SERVICE

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FCI McKean

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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

07928-078

WARD NO.

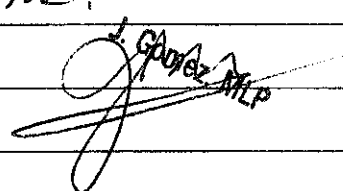
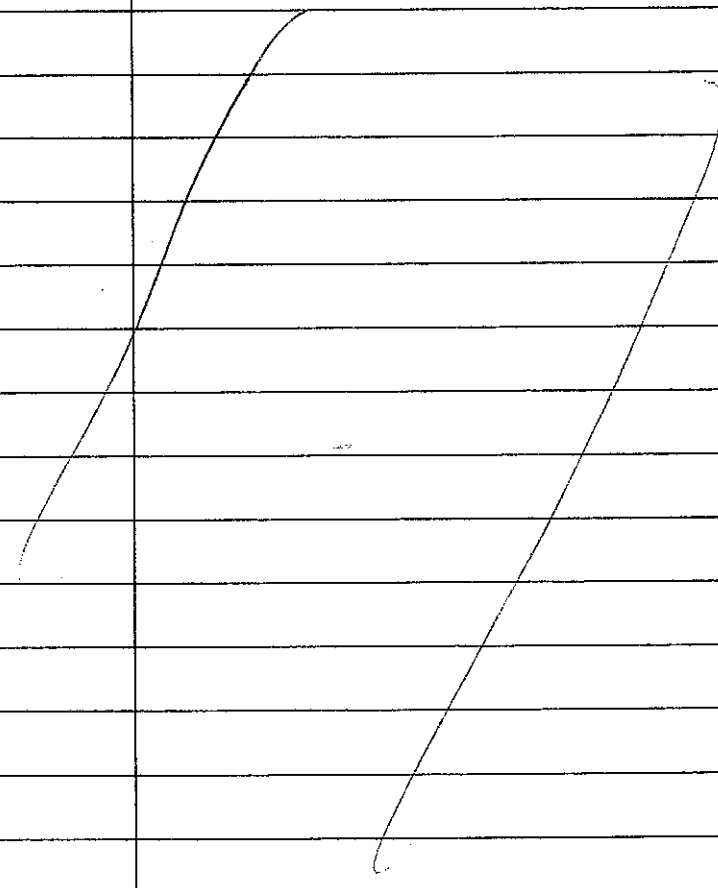
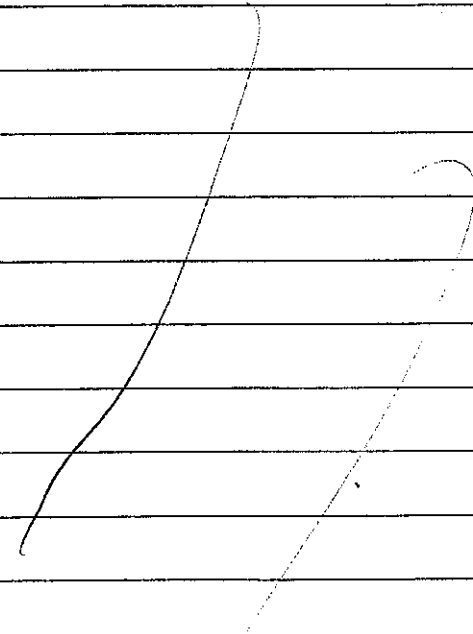
Cherry, Darryl

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1

000090

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/27/01 0648	Admin note: Pharmacist notified of need of refill (last days). will pick then up today 1130 AM. 
7/31/01 0900 cancel per refills	Admin Note (See also consult) consult 7/31 → 8/14/01 Rx Tretal 400mg TID #30 RX8, refer to Utilization Review Committee, ① ECASA 325mg QD #10 RX8
	  D. Olson, MD Clinical Director T. Olson, MD

000031

**MEDICAL RECORD**

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/3/01 1415	S. Im neg. drsg supplies + to have legs examined
	O. Sm. pinpoint open areas on medial aspect of (R) foot + ankle. Sm. open area @ back of (L) foot. s dig noted
	A. Chronic Venous Stasis Ulcer (R) ankle. Peripheral vasc. dis.
	P. Una boot applied to (R) leg + foot. To remain on for 7-10 days
	Silvadene + DSD applied to (L) post. foot
	RTC prn for drsg A re supplies. Pt un-derstands
	Gracie Fairbanks PA
	Gracie Fairbanks, MLP
6/01 1300	Admin note. Call received from B. Dorrian-SHU. Requesting need for una-boot while pt now in SHU. Order for 7-10 days as Above. Will leave on I.M unless ordered to be removed by m.d. ———— Cheryl Lundberg
	Cheryl Lundberg, RN
	Reviewed by D. Olson, MD Date: 5/7/01

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Cherry, Darryl  
02928-078

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

000092



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/11/01 1055	<p>S: clo (R) flank, back + (R) + leg pain Since Friday. clo some burning on urina- tion</p> <p>O: Lungs - CTA. Abd - S+NT. &amp; organomegaly &amp; masses. BS present. SE (R) flank + (R) Lumbosacral pain on palpation. &amp; edema. &amp; erythema</p> <p>A: ? UTI vs Lumbosacral strain</p> <p>P: u/a ordered. Rtn specimen to Lab in am Will treat according to results. Rtc on 7/12/01. Pt understands. Idle thing 7/12/01 Gracia Fairbanks, MLP</p>
7/12/01 1400	<p>S: Recvd call from unit stating Im was having severe pain + needed to be seen. Was @ HSA this am to sign slo but there was a recall</p> <p>O: (+) tenderness on palp. (R) L/S area + (R) hip ↓ Rom. &amp; edema. &amp; erythema (+) str. leg raise u/a WNL</p> <p>A: Lumbosacral strain</p> <p>P: Motrin 800mg #21 Tid prn to good x OP Idle thing 7/12/01. Warm moist com- presses. Rtc prn. Pt understands Gracia Fairbanks, MLP</p>
	<p>Patient Education + Dosage + Special Instruction C. Oyler, R.Ph.</p> <p>Gracia Fairbanks, MLP</p>

000093

Subjective Findings:

a. Medical complaints or concerns of patient:

b. Health Promotion/Disease Prevention Assessment:

1. Cessation of Smoking: No

2. Diet: good

3. Activity: limited

4. Medications:

(1) Drug Side Effects:

(2) Drug Interactions:

5. Patient compliance with Therapeutic Regimen:

c. Impact of Condition on Activities of Daily Living:

d. Need for special Accommodations:

Objective Findings:

a. Temp

Pulse 70

Resp 16

BP 120/80

Weight 230

b. Pt's General Appearance: NAD

c. Other Exam Findings:

J/SENT - Jitters

Temp - Clean Hands - RRR & H

Ext - It edema R > L

PATIENT'S IDENTIFICATION (Use this space for  
Fingerprint)

RECORDS  
MAINTAINED  
AT:

FCI MCKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

Cherry, Daryl

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GU

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF

07728-078

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev.  
Prescribed by GSA and  
FPMR (41 CFR) 201-41

000094

600 (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
	d. Diagnostic Studies	Results	Date of Exam
		WNL	Abnormal
		WNL	Abnormal
	Assessment:		
	a. Diagnosis: (1) ⊕ WCV (2) Pseudo Verru verru (3) R/O Tinea		
	b. Disease Progression/Complications:		
	c. Attainment of Prior Therapeutic Goals:		
	d. Therapeutic Efficacy:		
	Plans:		
	a. Medications: (1) Myulex Cream BID #1 tube Rx1 (2) Valisone 0.12% Cream BID T tube Rx1. (3) Momet 400g TID PM #30 (4) Trental 400g TID #30 Rx8 (5) HCTZ 50g QD #10 Rx8		
	b. Therapeutic Goals for Next Clinic:	Patient Education Diet Special Instruction G. Gyles, R.Ph. Q10	
	c. Next Diagnostic Studies Due:	none	
	d. Return to Clinic:	Jm	
	e. Patient Education (Check topics discussed):		
	( ) Nature of Disease		
	( ) Disease Complications, Progression, and Prognosis		
	<input checked="" type="checkbox"/> Treatment Alternatives		
	<input checked="" type="checkbox"/> Diet		
	<input checked="" type="checkbox"/> Weight Loss		
	( ) Smoking		
	<input checked="" type="checkbox"/> Exercise		
	( ) Medication mechanism of action, instructions, side effects, interactions.		
	Kets		
	J		
	D. Olson, MD Clinical Director		

000095

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

3/8/01 S.I. on 6 lesions LLE - see per note  
 0950 Chronic Venous Insufficiency  
 o + Brown sclerotic 2nd pitting edema  
 locally crusted lesion on the 1st and 2nd  
 A Venous Insufficiency  
 P One (Peds) bandage applied - (area) is flaking  
 ped edema left (clerk) + 1st bandage  
 Stat HCTZ 50mg + 10 + 2RA

Patient Education

Desage

Special Instruction

C. J. O'Brien, R.Ph.

C. Todd Montgomery  
AHS/MSLP

4/17/01 S - I was called in L + because I/H was  
 0100 "bleeding all over" from his (L) leg, he has  
 no more pain  
 o - (L) leg - gauze pads (put on by I/H)  
 over wound in ankle area, small amt of  
 dried blood, & actual bleeding, pinhole sized  
 opening in distal vein  
 A - (L) Venous vein & bleeding  
 P - (L) Dressing changed, gauze, Kling, elastic wrap  
 (2) Pt Ed - wound care, venous, understands  
 (3) Skin S/C in A/H 2

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

D. Olson, MD  
Clinical Director

FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Cherry, Perry

07928-078

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202-1

600096

[illegible]



## GENERAL MEDICAL CHRONIC CARE CLINIC II

(SIGN each entry)

## Subjective Findings:

Hepatitis B &amp; C

## a. Medical complaints or concerns of patient:

Lumps on scalp &amp; face

## b. Health Promotion/Disease Prevention Assessment:

1. Cessation of Smoking: NO

2. Diet: good

3. Activity: limited exer

4. Medications:

(1) Drug Side Effects:

(2) Drug Interactions:

## 5. Patient compliance With Therapeutic Regimen:

## c. Impact of Condition on Activities of Daily Living:

## d. Need for special Accommodations:

## Objective Findings:

a. Temp

Pulse 72

Resp 16

BP 140/70

Weight 233

b. Pt's General Appearance: NAD

c. Other Exam Findings:

HEENT - patchy areas of hair on scalp & head  
 Lungs - clear Heart RRR, & H  
 Abd - nontender, & organs

PATIENT'S IDENTIFICATION (Use this space for mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

FCI MCKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

Cherry, Daryl

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

0792 R-078

DATE OF BIRTH

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev. 5-)  
 Prescribed by GSA and ICS  
 FIRM (41 CFR) 201-45.505

000098

600 (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
	d. Diagnostic Studies	Results	Date of Exam
		WNL	Abnormal
		WNL	Abnormal
	Assessment:		
	a. Diagnosis: ① PCV ② Alopecia - R/O Tinea ③ Verrucae		
	b. Disease Progression/Complications:		
	c. Attainment of Prior Therapeutic Goals:		
	d. Therapeutic Efficacy:		
	Plan:		
	a. Medications:		
	① Antifungal Cream BID 7 full		
	② ACV 90 Cream BID 7 full		
	③ Tretinoin 400g BID H30 R x 8		
	Patient Education + Dosage + Special Instruction C. Olson, R.Ph.		
	4x4, 2x2 gauze & non-stick pads qhs		
	b. Therapeutic Goals for Next Clinic:		
	c. Next Diagnostic Studies Due: LFTs, PT, PTT, INR		
	d. Return to Clinic: 3 mo		
	e. Patient Education (Check topics discussed):		
	<input type="checkbox"/> Nature of Disease		
	<input type="checkbox"/> Disease Complications, Progression, and Prognosis		
	<input type="checkbox"/> Treatment Alternatives		
	<input checked="" type="checkbox"/> Diet		
	<input type="checkbox"/> Weight Loss		
	<input type="checkbox"/> Smoking		
	<input type="checkbox"/> Exercise		
	<input type="checkbox"/> Medication mechanism of action, instructions, side effects, interactions.		
	✓ skin care		
	✓ nail care		
	D. Olson, MD Clinical Director		

600099

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11-21-00	S: here for unna boot
1230	O: (L) leg: open ulcer x1 med. malleolar aspect to serous exudate, (+) edema, no signs of infection
	A: Stasis ulcer (L) leg, Venous Insufficiency
	P: Cleaned area to sterile NSS
	> Silvadene cream applied
	> Paste bandage (w/ zinc oxide) wrapped on (L) leg/ankle/foot, followed by 3" conforming gauze and 4" ace wrap.
	> Pt Educ: Elevate (L) leg, understands
	> P/u pm
	M. Tarr, MLP
11-30-00	S: application of unna boot
1330	O: (L) leg: (+) healing ulcer - med. ankle area - no exudates noted; (+) swelling/edema
	A: Venous Insufficiency, Healing ulcer, (L) ankle
	P: Silvadene cream applied, Paste Bandage applied
	ff'd by conforming gauze + ace wrap.
	> Pt Educ: Elevate (L) leg, understands
	> P/u pm
	M. Tarr, MLP

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 07928-078
			WARD NO.

Cherry, Daryl

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

000100

~~000101~~

## FEDERAL MEDICAL CHRONIC CARE CLINIC II

Hepatitis B &amp; C

## Subjective Findings:

## a. Medical complaints or concerns of patient:

Old pain, &amp; jaundice

## b. Health Promotion/Disease Prevention Assessment:

## 1. Cessation of Smoking: No

## 2. Diet: good

## 3. Activity: limited

## 4. Medications:

## (1) Drug Side Effects: none

## (2) Drug Interactions:

## 5. Patient compliance With Therapeutic Regimens: OK

## c. Impact of Condition on Activities of Daily Living:

## d. Need for special Accommodations: none

## Objective Findings:

## a. Temp

Pulse 70

Resp 16

BP 110/70

Weight 236

## b. Pt's General Appearance: NAD

## c. Other Exam Findings:

HEENT - Sclerotic

Lungs - clear Heart - RRR, SM, SG

Abd - 5 organs

Ext - edema

PATIENT'S IDENTIFICATION (Use this space for  
Mechanical Imprint)RECORDS  
MAINTAINED  
AT:

FCI MCKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GR

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev  
Prescribed by GSA and  
FIRM (41 CFR) 201.43.

000102



(Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
	d. Diagnostic Studies	Results	Date of Exam
		WNL	Abnormal
		WNL	Abnormal
	Assessment:		
	a. Diagnosis: ① HCV ② Venous insuff		
	b. Disease Progression/Complications: *		
	c. Attainment of Prior Therapeutic Goals: /		
	d. Therapeutic Efficacy: /		
	Plan:		
	a. Medications:		
	OTIrenal 400mg TID H30 Rx8		
	Patient Education		
	+ Dosage		
	+ Special Instruction		
	C. Oyler, R.Ph. (initials)		
	b. Therapeutic Goals for Next Clinic: /		
	c. Next Diagnostic Studies Due: mm		
	d. Return to Clinic: 3 mo		
	e. Patient Education (Check topics discussed):		
	<input checked="" type="checkbox"/> Nature of Disease		
	<input checked="" type="checkbox"/> Disease Complications, Progression, and Prognosis		
	<input checked="" type="checkbox"/> Treatment Alternatives		
	<input type="checkbox"/> Diet		
	<input type="checkbox"/> Weight Loss		
	<input checked="" type="checkbox"/> Smoking		
	<input type="checkbox"/> Exercise		
	<input type="checkbox"/> Medication mechanism of action, instructions, side effects, interactions.		
	D. Olson, MD Clinical Director		

000103

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
10/13/00	S: PT need cream refill + supplies		
0830	O: (L) lower leg. ulcers, no drainage, due to venous insufficiency, no cellulitic change. (ulcers) pain for p.o.p.		
	A: Stasis ulcer (L) ankle due to venous insufficiency		
	P: (1) Silvamide cream. #1 use externally PRN. RXI		
	(2) 4 inches gauze given #6		
	(3) gauze wrap given #3		
	(4) follow up in 1 wk. if needed.		
	(5) Place in restriction by CD J. Gomez, MLP		
Patient Education <input checked="" type="checkbox"/> Dosage <input checked="" type="checkbox"/> Special Instruction C. Tyler, R.Ph <i>CNO</i>			

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)		RECORDS MAINTAINED AT: FCI McKean	
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
RELATIONSHIP TO SPONSOR		STATUS	
SPONSOR'S NAME		RANK/GRADE	
DEPART./SERVICE		ORGANIZATION	
SSN/IDENTIFICATION NO.		DATE OF BIRTH	
07928-078			

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
 Prescribed by GSA and ICMR  
 IRMR (41 CFR) 201-45.505

000104

000105

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9/8/00 1845	S: Is here for (L) leg ✓ + application of una boot
	O: Non pitting edema noted of (L) lower leg, ankle + foot. Sm. open areas noted on medial aspect of (L) ankle. A erythema noted. A dig. Pedal pulses diminished
	A: Stasis ulcer (L) ankle → venous insufficiency
	P: Silvaderm cream to medial aspect of (L) ankle applied followed by una boot, gauze wrap + ace wrap.
	To be put on call-out for Sat 9/16/00 @ 6:30 pm for disc Δ.
	Ptcd. Keep disc Δ. ↑ (L) leg. It understands
	Gracia Fairbanks PA
9/8/00 11	
2	
	D. Olson, MD Clinical Director

Gracia Fairbanks, MLP

D. Olson, MD  
Clinical Director

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Cherry, Daryl  
07928-018

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

000106

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9/16/00	S-Presents to PM P/L x Dsg. A.
1800	C- 1 10 & 5 sized Stasis Ulceration Dorsum (R) foot. - other ulcers remain Dressed - No Unp-Bot material available to D Dsg.
	A- Stasis Ulcer.
	P- Wound cleaned w/ H <sub>2</sub> O <sub>2</sub> Silverdine Applied & New Dsg. Pt'd keep clean & Dry Underhands RTC <sup>over</sup> tomorrow.
	W. Flatt, MLP
	9/18/00
	D. Olson, MD Clinical Director
9/19/00	(S) Came for dressing A
1415	(C) There is stasis ulcer on the foot & R. ankle There is no swelling no edema no erythema no sign of inflammation
	(A) Stasis ulcer
	(P) 1. The wound cleaned & SSD applied & Then new dressing
	2. Silver Sulfadiazine Cream #1 used qid PRN
	3. Timental 400 mg 1 tab Tid #30 RX 2
	4. Pt. educ keep area clean & dry take medic. as directed F/U: SIC PRN
	W. Hamandi, MLP
	9/20/00
	D. Olson, MD Clinical Director

Patient Education  
☒ Dosage  
☒ Special Instruction  
 C. Oyler, R.Ph.



DATE

SYMPT

S. DIAGNOSIS, TREATMENT, TREATING

ANIZATION (Sign each entry)

Case 1:04-cv-00292-SJM-SFB Document 20-11 Filed 09/21/2005 Page 29 of 40

0905

S: Pt need upill on Silvachene.  
+ extending of coverage.

O: deferred.

A: Venous Insufficiency.

P (1) Coverage till 8/15/00

(2) Silvachene cream #1 use

PRN Rx2

(3) Keep area clean/dry  
(4) Humiditarily OK

Patient Education

+ Dosage

+ Special Instruction

C. Oyler, R.Ph.

AV

J. Gomez, MLP

JIM, JIM, JIM, JIM

8/11/00

S: Pt dressing change. (L ankle)

1250

O: Alert, w/o doing better, NO exudate  
no open ulcers seen, small cysts

A: Venous insufficiency

P: (1) Wound cleaned, Silvachene applied.

(2) Dressing made boot (new one reappplied)

(3) Cover w elastic 6 inch wrap.

(4) no complication doing OK

(5) Antifungal cream #1 use BID Rx2

(6) Keep area clean/dry follow up in 1 w.

Patient Education

+ Dosage

+ Special Instruction

C. Oyler, R.Ph.

AV

FCI McKean

J. Gomez, MLP

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

PATIENT'S NAME (Last, First, Middle, Initial)

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

DEPART./SERVICE SSN/IDENTIFICATION NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

FCI McKean

J. Gomez, MLP

SEX

RANK/GRADE

ORGANIZATION

DATE OF BIRTH

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45 505

000108

8/18/00  
1325

S: DS here for review of (R) leg  
O: (R) medial ankle sd erythematous. ii  
small scabbed over areas @ base of  
great toe + dorsal aspect of foot.  
open areas noted. Edema

a: Venous insuff. + resolving leg ulcers  
P: Un<sup>error</sup>boot leg cleaned + Silvadene  
applied + new una boot. Gauze  
wrap + ace wrap applied.

Place on call out for 8/25 @ 1330  
for chg. Pt understands  
Gracia Fairbanks Pa

Gracia Fairbanks, MLP

8/25/00  
1400

S: DS here for review of (R) leg <sup>also requesting</sup>  
O: (R) medial ankle clear. open areas  
noted. edema. P. pulses intact  
Sim. open areas noted on medial aspect  
(L) ankle. sd erythema + edema noted  
↓ p. pulses

a: Venous insuff. + stasis ulcer (L) ankle  
P: Una boot applied to (L) leg.

Keep dry. ↑ (L) leg. Call out next  
Fri <sup>error</sup>boot @ 1330 for review of leg  
Pt understands

Lipid profile for request  
Gracia Fairbanks Pa  
Gracia Fairbanks Pa

adendum  
above note  
8/25/00  
1400

Motrin 800mg #21 T tid prn c good x 1 R  
Take as directed Pt understands

Gracia Fairbanks Pa

GENERAL MEDICAL CHRONIC CARE CLINIC II

Hepatitis B & C

Subjective Findings:

a. Medical complaints or concerns of patient:

Feels good. Leg ulcer on R leg. Unaboot removed. New one reappplied

b. Health Promotion/Disease Prevention Assessment:

1. Cessation of Smoking:

1/2 PK / day

2. Diet:

appetite - poor. Eats once / day

3. Activity:

no exercise @ present

4. Medications:

Motrin prn for leg pain

(1) Drug Side Effects:

none

(2) Drug Interactions:

none

5. Patient compliance With Therapeutic Regimen:

n/a

c. Impact of Condition on Activities of Daily Living:

difficulty walking due to venous insufficiency + leg ulcers

d. Need for special Accommodations:

Objective Findings:

a. Temp

98.5

Pulse

88

Resp

20

BP

122/90

Weight

236#

b. Pt's General Appearance:

c. Other Exam Findings:

Skin & sclerae clear  
Lungs - clear Heart - RRR  
abd S+NT. No organomegaly or masses  
Per pulses intact  
superficial venous ulcers medial aspect  
R ankle

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

FCMCKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

Cherry, Paul

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

01928-078

DATE OF BIRTH

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

000110

page 2-02

= 600 (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
8/3/00	d. Diagnostic Studies	Results	Date of Exam
Cont'd		WNL Abnormal	AST 48
		WNL Abnormal	ALT 42
	Assessment: Chronic Venous insuff		
	a. Diagnosis		
	b. Disease Progression/Complications:		
	c. Attainment of Prior Therapeutic Goals:		
	d. Therapeutic Efficacy:	n/a	
	Plans:		
	a. Medications:		
	b. Therapeutic Goals for Next Clinic:	n/a	
	c. Next Diagnostic Studies Due:	None	
	d. Return to Clinic:	3 months	
	e. Patient Education (Check topics discussed):		
	( ) Nature of Disease		
	(x) Disease Complications, Progression, and Prognosis		
	( ) Treatment Alternatives		
	(x) Diet		
	(x) Weight Loss		
	(x) Smoking		
	( ) Exercise		
	(x) Medication mechanism of action, instructions, side effects, interactions.		
	<p style="text-align: right;">Gracia Fairbanks, MLP</p> <p style="text-align: center;">Cherry Danylchuk 07928-078 MC/10</p>		

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7/26/00	D. Olson, MD Clinical Director
1360	AST 48, ALT 42, Bili 1.2 GGT 110 ⊖ Hbs Ag, ⊕ Anti-HCV, mark results, put on GMA Clinic, I/H notified
7/26/00.	S- Sent from unit c/o bleeding through Dsg. +H/O
1715	PVD 20 ± VDA, (R) med Ankle O- Multiple Superficial ulcerations (R) med Ankle dermatite seen + evidence recent bleeding A- PVD. Venous Insuff. Stasis Ulcers R- Dsg. Applied. Ptd skin care supplies given undernurses Pm regular Dsg. 1
7/28/00	W. Flatt, MLP
0950	S: Got a call from C.O. stating IM was bleeding through his dress! Instructed to send IM down O: Multiple superficial ulcers (R) medial ankle. Sim. ant yellow dry noted. ⊕ bleeding @ present a. Venous insuff. & leg ulcers

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:		FCI McKean	
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
RELATIONSHIP TO SPONSOR		STATUS	
SPONSOR'S NAME		RANK/GRADE	
DEPART./SERVICE		ORGANIZATION	
SSN/IDENTIFICATION NO.		DATE OF BIRTH	
07928-078			

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

000112



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/28/00 0950	<p>P: Una boot applied, followed by Gauze wrap + egg bandage</p> <p>Call out Fri 8/4/00 @ 1330 for discharge</p> <p>Pt understands, Convalescence through 8/3/00</p> <p>Gracie Fairbanks, MLP</p>

M 1904 1975

000113

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7-12-00 0800	Physical Exam done. PPD given. Head in 2 d. Tetanus given (1st) (2nd) delayed. Silvadene cream #1 container AA BID Rx1 Lab - Hgb, Hct, Liver Prof, HCV ordered M. Tarr, MLP
7/12/00 0930	Adm. Note Chronic leg ulcers - on meds, put on GHI Clinic D. Olson, MD Clinical Director
7/18/00 1440	Adm. Note Order Unna boot per CD. AHSA aware D. Olson, MD Clinical Director
7-18-00 1445	S, wound/ulcer ✓ D, (R) leg: (+) ulcers - med. aspect - lower leg + (R) ankle w/serous exudate. #1 edema (L) ankle: (+) ulcer - close to heel area # edema A: Leg ulcers, Venous Insufficiency P: Cleaned w/ sterile H <sub>2</sub> O. Silvadene applied > Silvadene cream #1 container AA QD. Pt Educ: Reparea clean, understands #/n on callout M. Tarr, MLP

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	FCI McKean		
PATIENT'S NAME (Last, First, Middle Initial)	Cherry, Darryl		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME	ORGANIZATION		
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	07928-078		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

G00114

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/24/00 1500	<p>I. W. presented for dressing S. &amp; wound &amp; leg ulcers over DLE ulcers &amp; medial foot - some crying screaming for pain</p> <p>⊙ Gout color ++ LE edema</p> <p>A Stasis Ulcer - Hx LE IVD</p> <p>P Wound cleaned &amp; soap &amp; water - Salicyles Sterile dressing + cover - TED stocking On - pt return tomorrow for application of Unna Flex boot Charles</p> <p><i>[Signature]</i> T. Montgomery, MLP</p>
7/25/00 1420	<p>S. leg ✓</p> <p>O. (+) leg ulcers, lower ext. ++ edema no signs of infection</p> <p>A. Chronic leg ulcers</p> <p>P. Cleaned w/ soap &amp; H<sub>2</sub>O. Silvadene cream applied, sterile dg applied</p> <ul style="list-style-type: none"> <li>• Motrin 800mg #21 i. TID after meals prn Rx!</li> <li>• Silvadene cream #1 AA BID</li> <li>• dressing supplies given</li> <li>• H-Edur: elevate leg, understands</li> <li>• Unna boot in Warehouse - will p.u tomorrow</li> <li>• Flu tomorrow</li> </ul> <p><i>[Signature]</i> M. Tarr, MLP</p> <p> <input type="checkbox"/> Patient Education  <input type="checkbox"/> Dosage  <input type="checkbox"/> Special Instruction  C. Oyer, R.Ph </p>

600115

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6/30/00 1310	<p>Entire screening done</p> <p>H/o IVDA x 15 yrs. No drugs x 15 yrs</p> <p>H/o Venous insuff. &amp; recurrent leg ulcers</p> <p>(L) worse than (R). Wears elastic hose</p> <p>No suicidal ideations</p> <p>No head/body pain</p> <p>Medic:</p> <p>Zincamide 40mg + QD</p> <p>KCl 10meq "</p> <p>Motrin 800mg + tid</p> <p>Last PPD 5/31/99. Schedule for PPD</p> <p>Place on Ven. Med. Shiga for Ven. insuff.</p> <p>(Kiana) Jan Banks PA</p>
7/5/00 0825	<p>S: Is here for chg Δ to venous ulcer on (L) ankle. Also has ulcer on (R) ankle but chg is OK</p> <p>O: Ulcerated egg-sized open lesion noted medial aspect (R) ankle, inferior to medial malleolus. Sm. amt yellow chg noted on chg. Surrounding erythema noted</p> <p>a: Venous insuff. &amp; leg ulcer</p> <p>P: Wound cleansed w/ Betadine + DSP +</p> <p>con't'd</p>

Gracia Fairbanks, MLP

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	FCI McKean		
PATIENT'S NAME (Last, First, Middle initial)	Cherry, Darrell		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	07928 - 074		

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-46.505

600116

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/5/00 0825 (cont)	<p>P. AB ointment applied, followed by gauze wrap.</p> <p>Motrin 800mg #21 + tid prn c food x 1R</p> <p>Pt educ. Sign sic in am plan drsg. Δ + to ✓ R ankle.</p> <p>Take med. as directed. ↑ legs as often as possible. Pt. understands. Anvalescen. Through 7/19/00</p> <p>Gracia Fairbanks PA</p> <p>7/5/00</p> <p>D. OLESON CLINICAL INSTRUCTOR</p>
7-6-00 0925	<p>S, dressing change</p> <p>D. H edema, bilat. LE</p> <p>① ankle: (+) skin ulcer at mid malleolus area, purous drainage, no signs of inf.</p> <p>② LE: small skin opening at distal tibia, ind. aspect w/ white, clear purous drainage, continuously seeping out. no signs of inf.</p> <p>A&gt; Venous Insufficiency</p> <p>P&gt; Cleaned areas w/ sterile H<sub>2</sub>O</p> <p>&gt; Silvadene cream applied, sterile dressing + Ace wrap applied</p> <p>&gt; Elastic stockings #1 pr. given</p> <p>&gt; Silvadene cream #1 containing quin</p> <p>&gt; dressing supplies given</p> <p>&gt; P.H. Educ. Keep area clean, understands</p> <p>&gt; F/u tomorrow.</p> <p>Mrtan</p> <p>M. Tarr, MLP 600117</p>





LabCorp Dublin  
 6370 Wilcox Road  
 Dublin, OH 43016-1296

Phone: 614-889-1061

Patient Name <b>CHERRY, DARRYL</b>				Patient ID <b>07928078</b>		Specimen Number <b>091-844-0953-0</b>		Account Number <b>37806845</b>		Control Number <b>AY537806845</b>	
Sex <b>M</b>	Date of Birth	Age (Y/M/D) <b>52/02/13</b>	Fasting <b>NO</b>	Patient Phone		Physician Name			Physician ID <b>EGAM</b>		
Additional Information						Account Federal Correctional Institute 00 McKean County P O Box 5000 Lewis Run PA 16738 814-362-8900					
Date and Time Collected <b>04/01/05 09:40</b>		Total Volume		Date and Time Reported <b>04/08/05 15:13 ET</b>							
Hepatitis C virus Genotyping Tests Ordered											
TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB											
<b>Hepatitis C Virus Genotyping</b>											

**Hepatitis C Genotype**

1b

See Note

TG

This assay can detect the six (6) major HCV Genotypes and their most common subtypes.

Several clinical studies have demonstrated that Genotype 1 HCV may be more refractory to interferon monotherapy as well as to interferon-plus ribavirin combination therapy. Sustained response rates are increased for Genotype 1 infected patients when therapy is given for 48 weeks instead of 24 weeks.

**Please note:**

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the U.S. Food and Drug Administration.

TG

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

CB: LabCorp Dublin 6370 Wilcox Road, Dublin, OH 43016-1296	Dir: Rose Goodwin, MD
TG: LabCorp RTP 1912 Alexander Drive, RTP, NC 27709	Dir: Myla Lai-Goldman, MD
For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061	

REVIEWED BY

*[Signature]*  
 4/11/05

ECI/MCKEAN

*[Signature]*  
 Shikai, Med Tech.

<b>CHERRY, DARRYL</b>	<b>07928078</b>	<b>091-844-0953-0</b>	Seq # 1539
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**FINAL REPORT**

Page 1 of 1

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000118



LabCorp Dublin  
6370 Wilcox Road  
Dublin, OH 43016-1296

Phone: 614-889-1061

Patient Name <b>CHERRY, DARRYL</b>				Patient ID <b>07928-078</b>		Specimen Number <b>091-844-0410-0</b>	Account Number <b>37806845</b>	Control Number <b>AY637806845</b>
Sex <b>M</b>	Date of Birth	Age (Y/M/D) <b>52/02/13</b>	Fasting <b>No</b>	Patient Phone		Physician Name		Physician ID <b>BEAM</b>
Additional Information						Account Federal Correctional Institute 00 McKean County P O Box 5000 Lewis Run PA 16738 814-362-8900		
Date and Time Collected <b>04/01/05 09:40</b>		Total Volume	Date and Time Reported <b>04/02/05 08:06 ET</b>					

Tests Ordered  
Hepatic Function Panel (7); BUN; Creatinine, Serum

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Hepatic Function Panel (7)</b>					
Protein, Total, Serum	8.2		g/dL	6.0 - 8.5	CB
Albumin, Serum	4.2		g/dL	3.5 - 5.5	CB
Bilirubin, Total	1.2		mg/dL	0.1 - 1.2	CB
Bilirubin, Direct	0.37		mg/dL	0.00 - 0.40	CB
Alkaline Phosphatase, Serum	117		IU/L	25 - 150	CB
AST (SGOT)	63	High	IU/L	0 - 40	CB
ALT (SGPT)	59	High	IU/L	0 - 40	CB
<b>BUN</b>					
BUN	11		mg/dL	5 - 26	CB
<b>Creatinine, Serum</b>					
Creatinine, Serum	1.0		mg/dL	0.5 - 1.5	CB
BUN/Creatinine Ratio	11			8 - 27	

CB: LabCorp Dublin 6370 Wilcox Road, Dublin, OH 43016-1296	Dir: Rose Goodwin, MD
For inquiries, the physician may contact: Branch: 412-937-1808 Lab: 614-889-1061	

REVIEWED BY:

*Bea*  
4/4/05

H. BEAM, MD  
FCI MCKEAN

*S. Czekał, mt*  
S. Czekał, Med Tech.

<b>CHERRY, DARRYL</b>	<b>07928-078</b>	<b>091-844-0410-0</b>	Seq # 1520
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**FINAL REPORT**

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